



Members Of The Legislative Assembly
Travel Claim Form

Page: 1

Claim Number: 42155
 MLA Name: Krog, Leonard Eugene VM1500304
 Constituency: Nanaimo
 Type Of Trip: MLA Travel
 Claim Date: November 06, 2018
 Prepared By: [REDACTED]
 Claimant Type: Member of Legislative Assembly
 Travel From: Riding
 Travel To: Victoria
 Trip Details:



Date	Expenses	Amount
November 06, 2018	124(km)	\$66.96
November 06, 2018	124(km)	\$66.96
November 06, 2018	MLA Per Diem - Victoria	\$61.00
Total Payable		\$194.92

Date 07 Nov 2018 Signature [REDACTED]
 Krog, Leonard Eugene VM1500304
 certified that the amount to be paid is correct in accordance
 with appropriate statute or other authority for payment

ACCOUNTS OFFICE USE ONLY

Organization Code	Account Code	STOB Code	Amount
[REDACTED]			

Date NOV 20 2018 Signature [REDACTED]
 Sp [REDACTED] hature



**Members Of The Legislative Assembly
Travel Claim Form**

Claim Number: 42348
 MLA Name: Krog, Leonard Eugene VM150030HW
 Constituency: Nanaimo
 Type Of Trip: MLA Travel
 Prepared By: [REDACTED]
 Claimant Type: Member of Legislative Assembly
 Travel From: Riding
 Travel To: Victoria
 Trip Details:



Date	Expenses	Amount
November 22, 2018	124(km)	\$66.96
November 22, 2018	124(km)	\$66.96 ✓
November 22, 2018	Lunch Only - Victoria	\$27.00
Total Payable		\$160.92

Date 28 Nov 2018

Signature [REDACTED]
 Krog, Leonard Eugene VM150030HW
 certified that the amount to be paid is correct in accordance
 with appropriate statute or other authority.

ACCOUNTS OFFICE USE ONLY

Organization Code	Account Code	STOB Code	Amount
[REDACTED]			

Date NOV 29 2018

Signature [REDACTED]
 Signature

**MEMBERS OF THE LEGISLATIVE ASSEMBLY
TRAVEL CLAIM FORM**

MLA NAME: <i>Leonard Kroeg</i>	CONSTITUENCY: <i>Nanaimo</i>	
TRAVEL BY: (NAME IF OTHER THAN MLA - IF CA INCLUDE 	SPOUSE/DEPENDENT <input type="checkbox"/>	CONSTIT.ASSISTANT <input checked="" type="checkbox"/>
TRAVEL FROM: <i>Chemainus</i>	TO: <i>Victoria</i>	RETURN TRIP <input checked="" type="checkbox"/>

TRAVEL EXPENSES FOR REIMBURSEMENT

		DATES	AMOUNT CLAIMED
MILEAGE (\$.54/KM)	<i>78.5</i> KMS	<i>Monday Nov 5 2018</i>	\$ <i>41.60</i> ✓
MILEAGE (\$.54/KM)	<i>78.5</i> KMS	<i>Thurs Nov 8 2018</i>	\$ <i>41.60</i> ✓
AIRFARE/FERRY:			\$
OTHER EXPENSES: <i>Parking</i>			\$ <i>30.00</i> ✓
HOTEL: 			\$ <i>520.05</i> ✓
PER DIEM: <i>1 dinner, 1 breakfast</i>			\$ <i>63.00</i> ✓
TOTAL AMOUNT CLAIMED			\$ <i>696.25</i> ✓

****PLEASE ATTACH ALL RECEIPTS****

	DATE		DATE
	<i>11/14/18</i>		

V131979

ACCOUNTS OFFICE USE ONLY

certified that the amount to be paid is correct, and is in accordance with appropriate statute or other authority for payment

	DATE
	<i>NOV 14 2018</i>
SPENDING AUTHORITY SIGNATURE	

Canada

Association of BC Constituenc

Room : [REDACTED]
Arrival Date : 11/05/18
Invoice No. : [REDACTED]
Folio No. : [REDACTED]
Conf. No. : [REDACTED]
Cashier No. : 39
Billing Date : 11/08/18
A/R Number

Date	Description	Debit	Credit
11/05/18	Room	139.00	
11/05/18	Destination Marketing Fee	1.39	
11/05/18	Provincial Room Tax	15.44	
11/05/18	Room GST	7.02	
11/05/18	Parking Charges	10.00	
11/05/18	GST	0.50	
11/06/18	Room	139.00	
11/06/18	Destination Marketing Fee	1.39	
11/06/18	Provincial Room Tax	15.44	
11/06/18	Room GST	7.02	
11/06/18	Parking Charges	10.00	
11/06/18	GST	0.50	
11/07/18	Room	139.00	
11/07/18	Destination Marketing Fee	1.39	
11/07/18	Provincial Room Tax	15.44	
11/07/18	Room GST	7.02	
11/07/18	Parking Charges	10.00	
11/07/18	GST	0.50	
11/08/18	Visa XXXXXXXXXXXXX [REDACTED] XX/XX [REDACTED]		
Room H/GST Total - 21.06		Total	
Other H/GST Total - 1.50			
H/GST # [REDACTED] PST# [REDACTED]	Balance		0.00

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]